

**MASONIC CHARITY FOUNDATION OF NEW MEXICO**  
P.O. Box 25004 Albuquerque, New Mexico 87125-0004  
(505) 243-4931

**COMPLETION FORM**

**Please SIGN and RETURN  
IMMEDIATELY AFTER PRESENTATION**

Date of Presentation \_\_\_\_\_

This is to certify that the Masonic Charity Foundation contribution of \$ \_\_\_\_\_

was matched by our Lodge / Chapter and presented on: \_\_\_\_\_

To: \_\_\_\_\_

(Recipient)

The Masonic Charity amount plus our contribution made the total presentation \$ \_\_\_\_\_  
(total presented)

Comments: \_\_\_\_\_

(Enclose any newspaper articles, flyers, fundraising tickets, pictures etc.  
That show the Lodge / Chapter involvement in the fund-raiser.)

Presiding Officer Signature \_\_\_\_\_

Secretary Signature \_\_\_\_\_

Lodge / Chapter Name and Number: \_\_\_\_\_